

ZILKA-KOTAB

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ZILKA, KOTAB & FEECE™

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SEP 29 2004

FAX COVER SHEET

Date: September 29, 2004	Phone Number	Fax Number
To: Examiner Nobahar		(703) 872-9306
From: Kevin J. Zilka		

Docket No.: NAIIP256/01.003.01

App. No: 09/863,145

Total Number of Pages Being Transmitted, Including Cover Sheet: 13

Message:

Please deliver to Examiner Nobahar.

Thank you,
Kevin J. Zilka

☐ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow Via Overnight Courier

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September 29, 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)
)
 David L. Sames et al.) Art Unit: 2132
)
 Application No. 09/863,145) Examiner: Nobahar, A.
)
 Filed: May 22, 2001) Date: 09/29/04
)
 For: METHOD AND APPARATUS FOR SECURELY)
 AND DYNAMICALLY MODIFYING SECURITY)
 POLICY CONFIGURATIONS IN A DISTRIBUTED)
 SYSTEM)

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450 at facsimile number: (703) 872-9306 on September 29, 2004.

Signed:

Erica L. Farlow

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	SMALL ENTITY <u>RATE FEE</u>	OR	LARGE ENTITY <u>RATE FEE</u>
TOTAL CLAIMS	<u>25</u> -	<u>24</u>	<u>01</u>	X09 = \$	OR	X18 = \$18
INDEP CLAIMS	<u>03</u> -	<u>03</u>	<u>00</u>	X43 = \$	OR	X86 = \$0
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$0		\$0
			TOTAL	\$		<u>\$18.00</u>

- ☒ Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351 (Order No. NAI1P256).
- ☐ Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NAI1P256). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,
 Zilka-Kotab, PC

Kevin J. Zilka
 Registration No. 41,429

P.O. Box 721120
 San Jose, CA 95172-1120
 Telephone: (408) 971-2573

(Revised 1/96)

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872-9306 on September 29, 2004.

Signed: _____

Erica L. Farlow

AMENDMENT A

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to an Office Action mailed on 09/16/04, please enter the
following in the above application: